PLACE OF DEATH ,				
County Welmed				
Village or City Paronslung (No.,				
2 FULL NAME Galy armst				
PERSONAL AND STATISTICAL PARTICULARS				
S SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word)				
6 DATE OF BIRTH				
(Month) (Day), (Year)				
7 AGE  O 3 conception   day O hrs.  O yrs. mos. ds. or O min. ?				
(a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country)  (State or country)  LIA YANK OF				
FATHER Frederich a armstrong.				
OF FATHER  (State or country) Maryland  MAIDEN NAME OF MOTHER  Glerare J. Splene				
13 BIFTHPLATE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) Fred A Christian (Informant)				
(Address) Parsonslang Md.  Filed 11/16 1922 St. Deagle Boutt Registrar				

**严烈** (5)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

ADDRESS

St.; Ward)	(If death occurred in a hospital or lustitu- tion, give its NAME in- stend of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH  (Month)	(Day) , 1(2)
17 I HEREBY CERTIFY, That I att	ended the deceased from
that I last saw h and alive on	14 , 192 Z
	above, ac., e.,
The CAUSE OF DEATH * was as follows:	00 - line
of him viole	Soetus 1
(Duration)	vrsde
Contributory Secondary	
(Duration)	yrsmosde
	tolle ind
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ary; and (2) whether
18 LENGTH OF RESIDENCE (For Hospi lents, or Recent Residents)	tals, Institutions, Trans-
At place of death Oyrs. O mos. O da. In the State	Q. yre O. mos. O. da
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Parsonsling hal-1.	11-14,1022

20 UNDERTAKER

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Sphiner; (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it Indores: Farm labores: Labores: Coal mine, etc. Illom Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Aremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthreport specifically the occupations of persons en-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day The material

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railreay as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL sopticacmia." "PUERPERAL peritonitis." diseases resulting from childhirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraenia," "Weakness," etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions. ary), 10 ds. Never report mere symptoms or terminal stated unless important. "Dropsy." "Exhaustion," "Heart failure," "Haemorvulsions." causing death), 29 ds.; Bronchopneumonia use of "Tumor" Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; .. (mame origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Seuile," etc.), such as "Asthenia." for malignant neoplasms); (Recommendations on state-Example: Measles (disease "Anaemia" Measles; (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is useful and must be obtained before the certificate is permanently filed.



N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state GAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD TH UNFADING INK --- THIS IS A PERMANENT BINDING FOR LARGIN RESERVED AINLY, WRITE S. No. 1.

7.

	PLACE OF DEATH 19373	STATE OF MARYLAND
	County Wieomice Salist	CERTIFICATE OF DEATH
	WITHIN CORPORTE MIT OF	Registration Dist. No. 333
VIII	age & City SalisVilly (No. 25,	Les Che St; P Ward) (If douth occurred in
-	2 FULL NAME Elsis B Builling	have a hospital or Institu- tion, give its NAME in- stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	SEX 4 COLOR OR RACE 5 SINGLE, Angle	16 DATE OF DEATH
1	MARRIED, WIDOWED	(Month) (Day) (Year)
1	Englo America (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF BIRTH	Non 36 1922 to New 56 1922
	Nov 19 .011	N 54 2
	(Month) (Day) (Year)	10 20
7 A	If LESS than	and that death occurred on the date stated above, at
	0 11 16 Idayhrs.	The CAUSE OF DEATH & was as follows:
8.0	CCUPATION CCUPATION	1000000
06	a) Trade, profession or articular kind of work	
	o) General nature of industry	
0 P	usiness, or establishment in Phich employed or (employer)	
-	IRTHPLACE	Contributory Improfe feeding
	(State or country)	
	10 NAME OF	(Direction)
	FATHER 40 and Know	(Signed) M. D.
TS	11 BIRTHPLACE OF FATHER	Nav. 6 4 192 (Address) Call
ARENTS	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
PAR	OF MOTHER Selen Bentling Sugar	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	lents, or Recent Residents)  At place In the of death yrs mos da, State, yrs mos da,
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Ethel Mingh	Former or usual residence.
	11. 11 T. W// (')	/19 PLACE OF BURIAL OR REMOVAL   DISTR OF BURIAL
	(Address) Ly Mylon & Sansvery M	11 T 40 To Nou 6 09
15	hov 6 2 1-2 01	20 UNDERTAKER ADDRESS
F	Filed 192 W. May Jumes	Tol con who did
		& locarrangelle salyling My
	more bounds are needed, address State Registrar.	16 W. Saratoga St. Ralto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the dishase causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrivant, Cook to report specifically the occupations of persons ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborer-Ceal mine, etc. Woner," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc Foreman, (b) Automobile factory. or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day As examples: (a) The material But in many

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same recepted term for the same disease. Examples: Cerebraphia fever (the only definite synonym is "Epidemic cerebraspinal meningftis"); Diphtheria (avoid use of "Cround"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> ment of cause of death approved by Committee head of "contributory." Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent bustles state mans of injury State cause for which surgical operation was undercan be ascertained as the cause. A tribes qualify diseases resulting from childbirth a miscarriage "Dropsy," "Exhaustion," "Heart lilure," "Haemor-rhage," "Inantition," "Marasmus," "Id Age," "Shock," "Puemenal septicaemia." "Puemenal peritonitis," etc. "Uraemia," "Weaknes ." etc., when symptomatic), "Atrophy," "Collapsi conditions, such as ary). M ds. Never report mere st eansing death). 29 ds.; Bronch stated unless important. vulsions." use of "Tumor" inges, peritonarum, etc., Caremonia, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart (secondary or intercurrent) ..... (name origin; "Cancer" is less definite; avoid (c. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital for malignant neoplasms) : Measles; "Asthenia," (Recommendations on state-Exam Struck by railway definite disease pers qualify all "Senile," etc.), "Coma," "Concontributory or terminal discase; (merely (second-(disease not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCIDATION is very important. See instructions on back of cartificate ECORD LAINLY, WITH UNFADING INK .-- THIS IS A PERMANEN BINDING ARGIN RESERVED FOR WRITE V. S. No. 1.

	PLACE OF DEATH  123740	STATE OF MARYLAND CERTIFICATE OF DEATH
-	Sausva	Registration Dist. No. 939
Villa	Mear City Salisbury (No.	St.; Ward) (If death occurred in a hespital or institu-
	2 FULL NAME Yaway Buensanis	Preface many stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  Nov 14, 1524  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the decageed from
6 D.	ATE OF BIRTH	Had mo Docler 192.
	Seff 29 1922	that I last saw halive on
7 AG	(Month) (Day) (Year)	and that death occurred on the date stated above, at
	If LESS than I dayhrs.	The CAUSE OF DEATH : Mas as follows:
-	yrsmosds.lormin.?	Guld found don't
_ (a	COUPATION ) Trade, profession or urticular kind of work	Occo I tel
O (b	) General nature of industry	
	isiness, or establishment in hich employed or (employer)	(Daretion)yrsmosde,
9 181	RTHPLACE (State or country)	Secondary
-	10 NAME OF	(Duration)
	MATHER Hanney Brown	(Signed) Nat 1412 Age Market
ENTS	11 BIRTHPLACE OF FATHER (State or country)  Mc	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER PEarl Parsons	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State, yrs. mos. da.
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Carrely Brown	Former or usual residence
	(Address) Salisbury My RDAL	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	. May 15- 2 /2 Man linguage	20 UNDERTAKER ADDRESS
F	Filed 1927 . Helling Mullion Registrar	Tholloweaset for Salisbury Mel
-	Af more blanks are needed address State Registrar.	16 W Saratora St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

household only (not pald Housekeepers who receive a er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Whatever, write None. tired 6 yers.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work. or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal minc, etc. Womworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as rhage," "Inanitlon." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) train-accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State eause "Puerperal septicaemia," "Puerperal peritonitis," etc. ean be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," "Con-Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway "Uraemia," "Weakness," etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure." "Haemorcausing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be ...... (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valvular heart FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-The nadiscase; (merely (second-

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	PLACE OF DEATH . 12375	STATE OF MARYLAND  CERTIFICATE OF DEATH
Cou	untyllellomico Carr	den Dist, Registration Dist, No. 333
10/	MITHIN CORPORATE LANGE OF	2. / /
Villag	ge or City Salushuse (No. 6 01, 4, 2 FULL NAME deal If Collins	Ward)  St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street, and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	May 1	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
GDA	TE OF BIRTH	SEPT 1 1922, to Mor 8, 1922.
	fully (Month) (Day), 1883. (Year)	that I last saw here alive on the detestated above, at 2 Pm.
7 AGI	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
(a) par (b) bu	CUPATION Trade, profession or Augustus (Cupation) Ceneral nature of industry siness, or establishment in nich employed or (employer)	(Duration) yrs. (3) mos. do. Contributory Probable Pulmonary
9 BII	(State or country) Maryland	Secondary Dukreulosis Westnown (Duration)yrsmos ds.
	10 NAME OF FATHER Color Miles	(Signed) Drowne M. D. Nov 9 1922 (Address) Dalis bury Md.
ENTS	11 BIRTHPLACE OF FATHER (State of country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
1	13 BIRTHPLACE OF MOTHER (State or county)	At place of death yrs mos. da. State, yrs mos. da.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Elferood Mule	Former or usual residence.
15	(Address) Solesbury Myd	19 PLACE OF BURIAL OR REMOVAL FE OF BURIAL  20 UNDERTAKER ADDRESS
F	Registrar  Af more blanks are needed, address State Registrar.	W. Raratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. gaged In domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deallaborer, Farm laborer, Laborershould be used only when needed: As examples: (a) (a) Foreman, (b) Automobile factory. The material Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day or At Home, and children, not gainfully emengineer, Stationary freemen, etc. But in many For many occupations a single word or term on For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the pistasse causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal feecr (the only definite syuonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Rocommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF Poisoned by curbol's acid-probably suicide. taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Puerperal septicaemic." "Puerperal peritonitis," "Uraemia," "Weaknes:" etc., when a defiulte disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemor vulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men (secondary or Whooping cough; Chronic valvular heart inges, peritonaeum, etc., Carcinoma, Surcoma, etc., of .. (name origin; "Caneer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), intercurrent) affection need not be The uadiscase; (merely (second-

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N. B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD WITH UNFADING INK---THIS IS A PERMANEN AINLY, WRITE

BINDING

MARGIN RESERVED FOR

S. No. 1.

1

PLACE OF DEATH	STATE OF MARYLAND
County Willowiel 12376	74-0 CERTIFICATE OF DEATH Registration Dist. No. 3.3.6
Village or City Nelman (No. , A	St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME S LIVER O FORESTO	u Oochesu number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole Whete Single, MARRIED Single Whete Wilowell  OR DIVORCED (Write the word)	(Mouth) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH MAY 4 1892	that I last saw him alive on Trov 2 2, 1922
7 AGE (Year)    Tage   If LESS than   I dayhrs.	and that death occurred on the date stated above, at 4. A.m.  The CAUSE OF DEATH was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work.	Morlesy
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) / yrs. mos. ds.
(State or country) Mariland	Secondary Towns de
10 NAME OF LEVEN Bocken	(Signed) Tiesecates M.D.
11 BIRTHPLACE OF FATHER (State or country) Moryland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Aecidental, Suicidal or Homicidal.
of MOTHER Marghet Marvel 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
(State or country) Harfland	At place of death yrsmosda. In the State,yrsmosda.
(Informant) The LEST OF HY KNOWLEDGE	Former or usual residence
(Address) Toullo	PLACE OF BURIAL OR REMOVAL 1 S. TE OF BURIAL
Filed stale 99 1922 11 If dunity	TB Willoughby Shirlock
more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto, Requesting V. S. No. 1. M

(Approved by U. S. ('ensn. and American Public Health Association.)

whatever, write None. tired 6 yis.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing nearn, Housemaid, etc. If the occupation has been changed gaged in domestle service for wages, as Servant, Cook. to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered a Housewife, Househousehold only (not paid Housekeeper's who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, Civil chgincer, Stationary fremen, etc. But in many tion applied to each and every person, irrespective of fulness of variou; parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on Coal mine, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Exclorate cerebrospinal meningitis"); Diphtheria (avoid to of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." quences ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway vulsious," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," Nomenclature of the American Medical Association.) ment of cause of death approved by Committee Poisoned by carbolic acid—probably suicide. as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemic;""Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes: " etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," ary), M ds. Never report more symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mcasles use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; Chronic valvular heart (e. g., sepsis, tetanus) may be stated under the "Debllity" ("Congenital," "Senlle," etc.), or intercurrent) affection need (Recommendations on state-"Anacmia" Always qualify all "Hacmordisease; Meastes; terminal (second-(disease (merely .Con-

If this certificate is looked over thoroughly and all questions anywered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. CORD (If death occurred in hospital or institution, give its NAME instead of street and PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH MARRIED WIDOWED (Month) (Day) OR DIVORCED (Write the word) I HEREBY CERTIFY. That Lattended the decenses (Month) (Day) (Year) and that death occurred on the date stated above, at [C 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day .... hrs. 8 OCCUPATION (a) Trade, profession or a particular kind of work..... (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Address) ... H BIRTHPLACE State the Disease Causing Death, or, In deaths from OF FATHER. Z Violent Causes, state (1) Means of Injury; and (2) whether (State or country) Accidental, Suicidal or Homicidal. 0 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) should stat 13 BIRTHPLACE In the At place OF MOTHER State.....yrs.....mos..... of death ... yrs. mos..... da. (State or country) Where was disease contracted, if not at place of death?..... Former or usual residence. Every it CIANS DATE OF BURIAL ADDRESS 20 UNDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Rako, Requesting

BINDING

RESERVED

ARGIN.

(Approved by U. S. Census and American Public Health Association.)

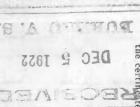
state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deaiwhatever, write None. tired 6 yrs.). For persons who have no occupation Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persous enployed, as At school or At home. Care should be taken work, or At definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on Home, and children, not gainfully em--Coal mine, etc. Wom-The material

fever (the ouly definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Lobar. Typhoid fever (never report "Typhoid pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the pispneumonia, Bronchopneumonia ("Pneumonia

> Nomenclature of the American Medicai Association.) ment of cause of death approved by Committee on head of quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, of State cause for which surgical operation was under "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as cau be ascertained as the cause. Always qualify all "Uraenia," "Weakness." etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menvulsious," ...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; For "contributory." "Debility" ("Congenital," "Senile," etc.) VIOLENT DEATHS State MEANS OF INJURY (Recommendations on state-The contributory The na-(second-

the certificate tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all questhe the data is essential and must be obtained before

is permanently filed.



STATE OF MARYLAND PHYSI-ERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR BACE | 5 SINGLE, 3 SEX MARRIED. WIDOWED (Month) OR DIVORCED may I HEREBY CERTIFY. That I attended the deceased from (Write the word) (Month) (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than The AUSE OF DEATH & was as follows; I day ..... hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work. a ATH in pla (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory Secondary 9 BIRTHPLACE (State or country (Duration) ARGIN pin 10 NAME OF 0 FATHER 0 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from OF FATHER (State or country) Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER cup. lents, or Recent Residents) In the 13 BIRTHPLACE At place E 0 OF MOTHER should (State or country Where was disease contracted, if not at place of death? TO THE BEST OF MY KNOWLEDGE Every Item CIANS shou statement of Former or usual residence (Informant) OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER 20 Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., Never return "Inborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day If the occupation has been changed and children, not gainfully em--Coal minc, etc. Wom-The ques-

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., scpsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:," ctc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" "Dropsy," "Ethausticn," "Heart failure," "Haemorvulsions," ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (secondary or jutercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart discase; (Recommendations on state-(merely (second-

If this certificate is looked over thoroughly and all questions answered in Cerail, it will prevent further correspondence. In the data's essential and must be obtained before the certificate is permanently filed.

statement of

PLACE OF DEATH		
County Teresmiles 123'	79 3	
Village or City Jackin (No	B. S	
PERSONAL AND STATISTICAL PARTICULAR	25	
3 SEX 4 COLOR OR RACE 5 SINGLE, WIDOWED OR DIVORCED (Write the word)	ingle	
6 DATE OF BIRTH		
(Month) (Day)	(Year)	
7 AGE	ESS than	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE  (State or country)		
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	uan	
(State or country)  12 MAIDEN NAME OF MOTHER  ARY ARTOLI	;	
13 BIRTHPLACE OF MOTHER (State or country)		
(Informant) (Address) Assert	EDGE	
15 Filed nor 6 1922 R. Mrs. Afril M.	allu	

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 337

ard)	(If da hospition, gistead number	pital lve it of	or in	stitu-
	REGISTION	)		

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH SAME TITLE
(Month) (May) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
Aug 1922, to how 4 , 1922
that I last saw h tunalive on 200 3 , 1921,
and that death occurred on the date stated above, at
The CAUSE OF DEATH & was as follows:
Puliny therelose
(Duration) Lyrs mos de.
(Duration)
Contributory
(Duration)yrsmos da.
(Signed) M.D.
WW 4 192 2 (Address) wantiche he
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidai or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients, or Recent Residents)
At place of deathyrsmosda. In the State,yrsmosda.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL.   DATE OF BURIAL
Zyaskin elle 1 Thez. 6., 1920
The state of the s

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the disease eausing death, whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary premen, etc. But in many Physician, Compositor. Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursaits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the pisease eausing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway Poisoned by carbolic acid-probably suicide. train-accident; Revolver around of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease conditions, such as "Asthenia." diseases resulting from childbirth or misearriage rhage." "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustlen," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease vulsions." use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart discase; ..... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Scuile," etc.), "Anaemia" "Coma," (second-(merely "Con-

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E.

PLACE OF DEATH	STATE OF MARYLAND
Musmin 10000	(113) CERTIFICATE OF DEATH
County 2 236 U	Mas Aust, Registration Dist. No. 333
el DO'I	Megistration Dist. No.
Village or City That Town (No. ,,	St; Ward) (If death occurred in a hospital or institu-
2 FULL NAME Elsie & Fletcher	a nospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	16 DATE OF DEATH
Tenale This OR DIVORCED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That Lattended the decessed from
8 DATE OF BIRTH	ON 20 1927, to May 1: 192 %
marel 16 ans	21
(Month) (Day) (Year)	O'V
AGE If LESS than	and thet death occurred on the date stated above, at X
/ /5   dayhrs.	The CAUSE OF DEATH & was as follows:
B OCCUPATION / da. or da. or min. ?	
(a) Trade, profession or	allo de alla de la companya della companya della companya de la companya della co
particular kind of work	
business, or establishment in	(Duration)yra
which employed or (employer)	Contributory Corry in Neet
(State or country)	Secondary
10 NAME OF	(Duration)yrsmos de,
FATHER Selliem B X loss loss	(Signed) M.D.
11 BIRTHPLACE	192 (Address)
THERETIPLACE OF FATHER (State or country)  MAUPLAN  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients, or Recent Residents) At place In the
(State or country)	of death yrs mos da. State, yrs mos da. Where was disease contracted.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Helliam 13, I teleker,	Former or usual residence
(Address) Salishung Md. P.S. 1	19 PLACE OF BURIAL OR REMOVAL   Sate OF BURIAL
5	Stad Pour md 1/1/7/17 19.
Filed Nov. 2 1922. V. May June	20 UNDERTAKER ADDRESS
Kegistrar	The Hell & Honson G. Salishun, nd.
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Yensus and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus : Farmer (restate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman." "Manager," "Dealworked ou may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Won-Ifretired from The material The ques-

Statement of Cause of Death—Name, first, the mis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningttis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as accidental suicidal, or Homicidal, or Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such if impossible to determine definitely. State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" (merely can be ascertained as the cause. Always qualify all "Uraemia," "Werknes.." etc., when a definite disease "Dropsy." "Exhaustion." symptomatic), "Atrophy," "Collapse," "Coma," ary). 10 ds. stated unless important. vulsions." causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, etc., of "Heart fullure," "Haemor-Example: Mcastes The contributory (second-(disease "Con-

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0EC 2 1922

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vi.

	PLACE OF DEATH	STATE OF MARYLAND
	Miconico 12000	CERTIFICATE OF DEATH
C	ounty Mionico San	Registration Dist. No. 333
	le l'il	of a land
Vill	age or City Salls Mury (No. , )	Talauv St.; B Ward) (If denth occurred in
	2 FULL NAME Samuel C. So	a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, Links	16 DATE OF DEATH 7111 7
1	Male Selie WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF BIRTH	Oex 15 7 7
	and 28 85/2	192 to 100 192 to
	(Month) (Day) (Year)	that I last saw halive on 192.
7 A		and that death occurred on the date stated above, at
	I dayhrs.	The CAUSE OF DEATH & was as follows:
	mosds.lor min. ?	Ola o
. (	CCUPATION  ) Trade, profession or	There thereshow
udla	articular kind of work	
C b	o) General nature of industry usiness, or establishment in	(Duration) yrs. mos. de.
-	hich employed or (employer)	Contributory Bronch Junion
9 11	(State or country)	Secondary
	10 NAME OF	(Duration) grs mos da,
	FATHER Supple Strage	(Signed) M. D.
S	11 BIRTHPLACE	WV / 192 (Address) Helesbury hus
ARENTS	OF FATHER (State or country) Macylema	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
N.	12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.
۵	deap Kenpheys	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
	of Mother (State or country) Maryland	At place In the of death yrs. mos. da, State, yrs. mos. da,
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) It. S. Syrly Jr.	Former or usual residence
	Jalishure my	19 PLACE OF BURIAL OR REMOVAL DESTE OF BURIAL
15	(Address)	Lalishurg, no 1119/12 19
- **	Filed Nov. 9 1922, & May Turner	20 UNDERTAKER ADDRESS
	Registrar 1	The Hill & Of uson Go Lalishung Md.
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Consus and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-Whatever, write None. tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, House to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer: Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business for industry, and therefore an cases, especially in industrial employments, it is neces Physician, Compositor, Architect, Locomotive engineer Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocetc., without more precise specification as . Day For many occupations a single word or term on -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrophist fever (the only definite synonym is "Epidemic cerbifospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quenees (e. g., scpsis, tetunus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railrow as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL septicaentic." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy." "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" "Uraenia," "Weeknes: " etc., when a definite disease vulsions," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Mcustes; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart discase; inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-The contributory (disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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County 12362	STATE OF MARYLAND CERTIFICATE OF DEATH
my Salisbury Salis	buy Dist. Registration Dist. No. 333
VHIAGO OF CITY Wicomico (No	St.; Ward)  [If death eccurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word W. Lowe	16 OATE OF OEATH  (Month)  (Day)  (Year)
DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h
7 AGE   If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 5 30 m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or Selve of farmer  (b) General nature of Industry	
business, or establishment in which employed (or employer)      BIRTHPLACE (State or country) Manyland	Contributory A June 19 Secondary
10 NAME OF FATHER Lancock  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (A)  (Signed)  (
of MOTHER SON ANOW	SUICIDAL OF HOMICIDAL  18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS,  OR RECENT RESIDENTS)  At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE  (Informant) Raymond & Hamose	of doath yrs. mes. de. State, yrs. mes. ds.  Where was disease contracted, if to not at place of desth?  Former or sual residence
(Address) & alisbring Mic!	40 duall gnd. 100 25 1822  20 UNDERTAKER ADDRESS
REGISTRAR  More blanks are needed, address State Registrar, 1	W.T. Heam Inow Hell



# CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.)

business or industry, and therefore an additional line is provided for the latter statement; it should be used applies to each and every person, irrespective especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Forenian," "Manager," "Dealer," etc., without more enly when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. will; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-Statement of Occupation-Precise statement of occupa--('oal mine, etc. many occupations a single word or term on the very important, so that the relative healthful-For perrons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from of age.

CAUSING NEATH (the primary affection with respect to time and causation), using always the same accepted unqualified. is indefinite); Tuberculosis of lungs. menin-Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia. Bronchopneumonia ("Pneumonia," spinal meningitis"); Diphtheria (avoid use of "Croup"); term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebrousing always the same accepted

> "Heart failure," "Haemorrhage," "Inanition," "Maran-mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convulsions," "Debility" genital," "Senile," etc.), "Dropsy," "Exha chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important eough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles, Wheeping (name origin; "Cancer" is less definite; avoid use el ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . on Nemenclature of the American Medical Association.) Struck by railway train—accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Browon statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning, "PUERPERAL perilonilis," etc. State cause for which or miscarriage as "PUERPERAL septichaemie," Always qualify all diseases resulting from child-The contributory (secondary or intereur-"Dropsy," "Exhaustion, "Atrophy," ("Con-

the sertificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be estained before If this certificate is looked over thoroughly and all quee-



STATE OF MARYLAND PHYSICIAN t statement Registration Dist. No. if death occorred in a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX MARRIED WIDOWEO OR OIVORCEO properly certificate attended deceased from 6 DATE OF BIRTH (Day) eq If LESS than TAGE 40 AGE s 1 day, hrs. back OR min. ? fully supplied. 20 occupation
(a) Trade, profession, or instructions particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary See in TH in PARENTS BIRTHPLACE \*State the DINEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, (State or country) formation USE OF DE SUICIDAL OF HOMICIDAL 12 MAIOEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At placs CAUS OF MOTHER (State or country Stats. of inf -Every item of inf should state CAL OCCUPATION I Where was disease contracted, If not at place of death? Former or esual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS 80 REGISTRAR

W more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.

write None 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons eniployed, as Al school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. especially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. Women at home, who are engaged in At home. Care Never return "Laborer," Locomotive engineer, But in many cases, If retired from The question should be (b) Auto-

unqualified. is indefinite); Tuberculosis of lungs, menin-Lobar prieumania. Bronchopneumonia Typhoid ferer (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fover (the only definite synonym is "Epidemic cerebrotime and causation), using always the same accepted causing death (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE for the same disease. Examples: Cerebrospinal ("Pneumonia,

> on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull lapse," on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"PUERPERAL perilonilis," etc. birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles, Wheoping ges, perilonaeum, etc., Carcinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoic (secondary), 10 ds. is less definite; avoid use of "Puerperal septichaemia," State cause for which Never report mere (Recommendations wound of probably

tions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently fully If this certificate is looked over thoroughly and all quesin essential



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. a hespital or institution, give its NAME in-atend of street and number.) PERSONAL AND STATISTICAL PARTICULARS IS DATE OF DEATH SINGLE, JUNEL 3 SEX OR DIVORCED (Write the word) HEREBY CERTIFY, That I attended the decensed natruction (Day) (Year) and that deeth occurred on the dete stated above, at . . 7 AGE If LESS than The CAUSE OF DEATH & wes es follows: day .... hrs. or ..... min. ? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE (State or country) 10 NAME OF (Signed) .. 192 Z\_ (Address) ... H BIRTHPLACE \*State the Disease Causing Death, or, in deaths from OF PATHER Violent Causes, state (1) Means of Injury; and (2) whether (State or country Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State.....yrs.....mos.....de. of death .... yrs. mos. ....da. (State or country) 0 Where was disease contracted, shoul TRUE TO THE REST OF MY KNOWLEDGE if not at place of death?... CIANS short Former or usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL ADDRESS If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

(Approved by U. S. Ceusus and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, work, or 4t Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Mauager," "Dealadditional line is provided for the latter statement; it Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on If the occupation has been changed The material

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Nomenelature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quenees (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhausticn," "Heart failure," "Haemor symptomatle), "Atrophy," "Collapse," "Coma," "Coneouditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tnmor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men vulsious," ..... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Seuile," etc.) Never report mere symptoms or terminal Chronic valvular heart discase; (Recommendations on state-(second-(disease (merely

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. stated EXACTL properly classifi ECORD hospital or .institution, give its NAME instead of street number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SINGLE. WIDOWED may OR DIVORCED (Write the word) HEREBY CERTIFY. That I attended the decensed from 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day of .. hrs. ..........yrs........mos.......ds.lor.....min.? 8 OCCUPATION (a) Trade, profession or particular kind of work ...... (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE (State or country) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from OF FATHER Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (State or country C 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE In the Cot At place OF MOTHER should sent of OC of death . yrs. .. mos..... da. State, .....yrs......mos..... (State or country) Where was disease contracted. if not at place of death?.. Every Item CIANS shot statement o usual residence. (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE (Address)

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

RESERV

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(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborgr," "Foreman," "Manager," "Deal-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it eupation is very important, so that the relative healthworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation If the occupation has been changed The material

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup"); spinal meniugitis"); Diphtheria (avoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Chronic interstitial nophritis, etc. ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. The naas probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or diseases resulting from childbirth or misearriage as "Puerfraal septicaemia," "Puerferal peritonitis," etc. conditions, such as "Asthenia." "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated uuless importaut. Example: Measles use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure." symptomatle), "Atrophy," "Collapse," eausing death), 29 ds.; Bronchopneumonia (second-(secondary or intercurrent) affection used not be vulsions." Whooping cough; Chronic valvular heart disease; ... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Always qualify all The contributory "Coma," "Haemor Measles; (disease "Con-

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PLACE OF DEATH

(If death occurred in hospital or institution, give its NAME instead of street and number.) (Month) (Day) CERTIFY, That h attended the deceased death occurred on the date stated above, at 192. 1 (Address) ..... \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the .... yrs. mos. ... da. State, ..... yrs. .... mos. .. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS

STATE OF MARYLAND

Registration Dist. No.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from ployed, as At school or At home. Cure should be taken whatever, write None. tired 6 yrs.). or given up on account of the disease causing DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not pald Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., with worked on may form part of the second statement. Never return "I borer," "Foreman," "Manager," "Deal-Housemaid, etc. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housesary to know (a) the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foresity, (b) Automobile factory. Spinites, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) eases, especially in industrial employments, it is neces-Civil engineer, Stationary frequen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tiou applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthture of the business or industry, and therefore an Statement of Occupation-Precise statement of ocditional line is provided for the latter statement; it For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have uo occupation ut more precise specification as Day If the occupation has been changed kind of work and also (b) the The material

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	PLACE OF DEATH  12387	STATE OF MAI	RYLAND F DEATH		
Co	Cam	den hour. Registration Dis	L No. 595,		
Villa	2 FULL NAME Dois Layfu	· 1 D	(If death occurred in heaplind or institu- ns, give its NAME in- end of street and mber.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH		
fe fe	male White Married or Divorced (Write the word)	16 DATE OF DEATH (Mov. 23 (Month) 13 HEREBY CERTIFY, That Lattend	(Day) (Year)		
/6 DA	Sent 26 1922	that I last saw h Lyalive on How			
7 AG	(Month) (Day) (Year)	and that death occurred on the date stated al			
	If LESS than I dayhrs.	The CAUSE OF DEATH : WER as follows:			
(a)	CUPATION Trade, profession or ticular kind of work	Se Xalilio	18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
(b) General nature of industry  business, or establishment in  which employed or (employer)  9 BIRTHPLACE (State or country)		Contributory Ques us Secondary	TB		
TS	11 BIRTHPLACE OF FATHER  12 PROPERTY OF STATHER	(Signed)  192 (Address)  *State the Disease Causing Death, or	M. D.		
PAREN	12 MAIDEN NAME OF MOTHER TELEN M. Wolle	Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals jents, or Recent Residents)	; and (2) whether		
	13 BIRTHPLACE OF MOTHER (State or country) Delewere	At place of death yrs mos da. In the State,	yrsda.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, if not at place of death?	15000000000000000000000000000000000000		
	(Informant) Stage S. Farful of (Address) Jahrsburg Street	usual residence	ATE OF BURIAL  W. L. Y., 1927		
15 F	iled Nov. 23,1922, V. May Survey Registrar	Holloway & Co Da	liky Md,		
£1	If more blanks are needed, address State Registrar, 16 W. Saratoga/St., Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househonsehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Dealadditional line is provided for the latter statement; it whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (reor given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Furmer or Planter tion applies to each and every person, irrespective of fnlness of various pursnits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em-If the occupation has been changed The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pncumonia, Bronchopneumonia ("Pneumonia.")

ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by rullway as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicacmia," "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmns," "Old Age," "Shock," "Dropsy." "Exhanstion." "Heart failnre." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal eansing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) State cause for which surgical operation was undervulsions," (secondary or intercurrent) affection need not be Whooping cough; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATIIS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-"Coma," "Con-(second-(merely

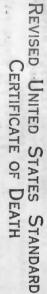
If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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PLACE OF DEATH 12388	STATE OF MARYLAND  CERTIFICATE OF DEATH			
County Promiso Canad	en Dist, 333			
MITTHE CORPORATE OF THE STATE OF	Registration Dist. No.			
Village or City Salebury (No. 598, 2).	Ward) (If death occurred in a heaplial or institu-			
2 FULL NAME nouis Layful	tion, give its NAME in- stend of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male Was Single, Single Wildowed OR DIVORCED (Write the word)	(Month) (Day) (Year)			
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from			
Seyet 26 1922	that I last saw h Malive on New (0, 1927,			
(Month) (Day) (Year)	and that death occurred on the date stated above, at			
If LESS than I dayhrs.	The CAUSE OF DEATH 'A wes es follows:			
yreds.or min. ?	Ole O O tis			
8 OCCUPATION (a) Trade, profession or	940-444			
particular kind of work				
business, or establishment in which employed or (employer)	(Duration) yrs. mos. de,			
BERTHPLACE (State or country) Mayland	Contributory Ours III Dill Secondary Oursion yrs. mos. da.			
10 NAME OF PATHER George of fashidd	(Signed) M.D.			
11 BIRTHFLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal.			
of MOTHER Helen Noble	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)			
13 HERTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State,yrsmos. da.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?			
(Informant) Seonge of Layfuld	Former or usual residence.			
(Address) 57 & S. Divison et Saliety In	Parson Center Views 11 1923			
Filed Nov. 1/ 1922, W. May Turner, Registrar	20 UNDERTAKER LO Jahress Jahreng Mal			
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing beath, ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborcr," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-(a) Foreman, (b) Automobile factory. The material cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation

Statement of Cause of Death—Name, first, the discretion with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the conditions, such as "Asthenia," "Anacmia" stated unless important. use of "Tunnor" for malignant neoplasms); ingex, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For State cause for which surgical operation was under-"Puerperal septicacmia," "Puerperal peritonitis," discases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatle), "Atrophy," "Collapse," "Coma," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Dropsy," "Exhaustion," "Heart failure." "Hacmorvulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; "Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or (Recommendations on state-Example: Mcasics Always qualify all Meastes; terminal (merely (second-(discase "Conetc.

If this certificate is looked over thoroughly and all quostions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

PLACE OF DEATH	CEPTIFICATE OF DEATH	
County Theonico 1200, Varso	is Dist. CERTIFICATE OF DEATH	
WITHIN CORPORATED IMIO	Registration Dist. No.	
Village of City Salisbury (No. Carl 4	Clians St; 5 Ward) (If death occurred in	
Red	tion, give its NAME in- stend of street and	
2 FULL NAME Makel Catherine	Xeuus number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SYNGER, MARRIED, Lail	is DATE OF DEATH	
VI DILA OR DIVORCED	(Month) (Dny) (Year)	
(Write the word)	1 HEREBY CERTIFY, That Lattended the deceased from	
0 1 11	192 /, to / 192 /, 102 /	
(Month) (Day) (Year)	that I last saw ht. alive on	
7 AGE III LESS than	and that death occurred on the date stated above, at	
16 4 1/0 I day hrs.	The CAUSE OF DEATH A wan an follows:	
8 OCCUPATION Mos/	What	
(a) Trade, profession or how	Intext of Fut hickory	
(b) General nature of industry		
business, or establishment in which employed or (employer)	(Duration)yrsmosde.	
9 BIRTHPLACE (State or country) M. I	Contributory Secondary	
raugeand	(Derration)yrsmos de.	
10 NAME OF Robert James Levis	(Signed) W. D. M. D.	
2 11 BIRTHPLACE h.	State the Disease Causing Death, or, in deaths from	
of FATHER (State or country) Mayland	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
of MOTHER Illa & Clark	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
13 BIRTHPLACE	lents, or Recent Residents) At place	
OF MOTHER (State or country) Manyland	of death yrs, mos. da, State, yrs, mos. da.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
(Informant) Mis. James Lewis	Former or usual residence	
Salishum mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address)	Thalequille md. 17/2/22,19	
Filed Decot 1922. J. May Jumer	20 UNDERTAKER ADDRESS	
Registrar	The Hell's Wisson of Feller Way 11	
Af more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

STATE OF MARVI AND



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Housemaid, etc. worked on may form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed The material

spinal meningitis"); Diphtheria (avoid use of "Cronp"); ed term for the same disease. Examples: Cerebrospinal Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonla"): fever (the only definite synonym is "Epidemie cerebroto time and eausation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bis-

> ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, tetanus) muy be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railrean as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For violent deathis state micans of injury diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorvulsions," ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of nnqnalified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Scnile," etc.), (Recommendations on state-Example: Measles The na-Mousles; (disease

tions answered in Avail, it will prevent further correspondence. If the sum is essential and must be obtained before the certificate is permanently filed. If this certifical is looked over thoroughly and all ques-



V. S. No. 1.

BINDING

FOR

RESERVED

#### REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the misease causing Death, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persous enployed, as At school or At home. Care should be taken work, or At Home, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation If the occupation has been chauged aud ehildreu, not gainfully em-The material

spinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pncumonia, Bronchopneumonia ("Pneumonia." Typhoid fever (never report "Typhold pueumonia"): fever (the only definite synouym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the ms.

> head of "contributory." quences (e. g., sepsis, tetunus) may be stated under the Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and conse-"PUERPERAL septleacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma." "Concouditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcusles; inges, peritonasum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Nomeuclature of the American Medical Association.) ment of cause of death approved by Committee on train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorary), 10 ds. ...... (name origin; "Cancer" is less definite; avoid vulsions," (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-(merely (secoud-

the certificate is permanently filed. ence. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

DEC

Y	PLACE OF DEATH	STATE OF MARYLAND		
c	ounty Wicomico 12381	CERTIFICATE OF DEATH		
Villa	age or City Quanties (No. alm	Registration Dist. No. A Registration Dist.		
	2 FULL NAME Jerone Moo	stead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 S	Male White WHOWED Rengto OR DIVORCED (Write the word)  ATE OF BIRTH  MARKIED. Rengto  Wildowski Rengto  OR DIVORCED (Write the word)	16 DATE OF DEATH  17 Month)  18 DATE OF DEATH  Month)  (Day)  (Year)  19 DATE OF DEATH  (Month)  (Day)  (Year)  10 DAY  (Year)		
	(Month) (Day) (Year)	and that death occurred on the date stated above, at		
7 AC	about If LESS than I dayhrs.	The CAUSE OF DEATH % was as follows:		
1 (	CCUPATION  a) Trade, profession or Farmer  articular kind of work.	Tehronie Parenchymatous		
(b) General nature of industry business, or establishment in which employed or (employer)		(Duration)yrsmosde		
9 B	(State or country) Unlanded	Secondary  (Duration)yrsmos de		
	10 NAME OF FATHER WILLIAM	(Signed) H le Connaway M.D.		
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
PAR	12 MAIDEN NAME OF MOTHER WILLIAM	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)		
	13 BIRTHPLACE OF MOTHER (State or country)	of death Myrs. mos. da. State, yrs. mos. da. Where was disease contracted,		
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?		
	(Informant) Sam Mulls	Former or usual residence		
	(Address) Quantice	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL		
15 F	Filed Nov 30 1922 Mass J. M. Wallace Registrar	20 MOERTAKER Jones Appress Deantico		
1	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

whatever, write None, business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scruant, Cook to report specifically the occupations of persons enployed, as At school or At Lame. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ceal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the seemal statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Furmer or Planter, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-57.8.). For persous who have no occupation If the occupation has been changed The material

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemia cerebrospinal menicalities", Dipathesia (avoid use of "Croup"); Typhoid fever (hever report "Typhoid pa umenia"); Lobar predomina, Browelopnethable ("Pacumonia,"

head of "contributory." as probably such, if impossible to determine definitely. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The uatrain-accident: Revolver wound of head-homicide; Examples: and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Concouditions, such as "Astheuia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Measles; State cause for which surgical operation was undervulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Cougcuital," "Scuile," etc.), Accidental drowning; Struck by railway (Recommendations on state-Example: Meastes (secoud-(merely (disease

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Lengant for

JAN 7 1923

RECEIVED



M. B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD AINLY, WITH UNFADING INK --- THIS IS A PERMANENT BINDING JARGIN RESERVED FOR WRITE V. S. No. 1.

County Miconico 12393	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or City Near Lalishy,	Registration Dist. No.  St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)  6 DATE OF BIRTH  Sec. 3 , 83/. (Month) (Day) (Year)  7 AGE  If LESS than I dayhrs.  8 OCCUPATION (a) Trade, profession or particular kind of work.	16 DATE OF DEATH  Nov.  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  192 2, to  192 2, to  192 2, to  192 3, 192 3		
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion)yrs		
10 NAME OF FATHER Daniel Mathews  11 BIRTHPLACE OF FATHER (State or country) Wilcomico Co.  12 MAIDEN NAME OF MOTHER Walter White.  13 BIRTHPLACE OF MOTHER Walter White.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Lellie & Livingstone (Address) Salishary Miler  15  Filed Nov. 4 1922 F. Syttay Register O	Contributory Secondary  Legisland  (Diration)  (Signed)		
If more blanks are needed, agaress State Registrar.	16 W. Saratoga St. Balto, Requesting V. S. No. 1.		

(Approved by U. S. Cousus and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from Whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Hansekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womto report specifically the roccupations er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Int Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc For many occupations a single word or term on without more precise specification as Day second statement. of persons enin many

Ease causine of Cause of Death—Name. first, the discass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningdis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quenees (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely, and qualify as accidental, suicidal, or homicidal, or taken. For violent beaths state means of injury can be ascertained as the cause. Always qualify all State cause for which surgical operation was under-"Puenperal septicaemia." "Puenpenal peritonitis," etc. diseases resulting from childbirth or misearriage as "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhausticn," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal stated nuless important. vulsions." conditions, eausing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart, discase; ...... (name origin; "Cancer" is less definite; avoid auges, peritonaeum, etc., Curcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," "Anaemia" (Recommendations on state-Example: Measles (disease Struck by railway "Coma," (second-(merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. With data is essential and must be obtained before the certificate is permanently filed.



PLACE OF DEATH  1 PLACE OF DEATH  1 12393	STATE OF MARYLAND
County Tumes of Justines	CERTIFICATE OF DEATH  Registration Dist. No.
Village or City autico fee (No	St.; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH Opril 29	17 I HEREBY CERTIFY, That I attended deceased from CCT / 4,191 , to 100 / 5 ,1922
7 AGE (Month) (Day) (Year) 1 LESS than 1 day, hrs.	and that death occurred on the date stated above, at 6. m.
yrs, mes, ds, or min.?  • occupation (a) Trade, profession, or	The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)	(Buration) yrs, f mos, ds,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Same IV. Mullin	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  AMAGE OF MOTHER	*State the Diskase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place in the of decih
(Informati) Limit A Milli	If not all place of death ?  Former or usual residence
(Address) Nunticoke mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed not 2 1942 Phorboad Haller	28 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registrar, 1	

[Approved by U. S. Census and American Public Health Association.]

"Foreman," "Manager," "Dealer." or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement mobile factory. mill; (a) Salesman, (b) Gracery: (a) Foreman, (b) Autoonly when needed. first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used business or industry, and know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the write None. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, various pursuits can be known. The question For persons who have no occupation whatever Stationary fireman, etc. But in many cases, The material worked on may form part As examples: (a) Spinner, (b) Cotton therefore an additional line At home. Care should be Never return "Laborer." etc., without more If retired from ('inil

Statement of Cause of Death—Name, first, the DISTABLE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

mus," on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated etc., when a definite disease can be ascertained as the genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, nephrilis, etc. cough; Chronic vibralar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning: SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. "Heart failure," "Haemorrhage," "Inamition," "Maras-"An.emia" (merely symptomatic), "Atrophy," "Collapse," "Couna," "Convulsions," "Debility" ("Conchopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of or miscarriage "Old Age," "Shock," "Ursemia," "Weakness," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull (secondary), 10 ds. The contributory (secondary or intercuras "PUERPEHAL septichaemia," "Dropsy," State cause for which (Recommendations Never report mere "Exhaustion, ACCIDENTAL, important. wound

from this certificate is looked over thoroughly and all questions diswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. stated EXACTLY, properly classified certificate. CORD (If death occurred in ......Ward) a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, WIDOWED & may OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH .... 192...., te..... , 192...., that I last saw h ....., alive on ....., 192...., (Month) (Day) (Year) 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day .... hrs. 8 OCCUPATION (a) Trade, profession or plain particular kind of work ..... (b) General nature of industry .....(Duration) ......yrs......mos..... business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country (Durstion) very 10 NAME OF FATHER 0 (Address)..... 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. L OF FATHER TIO (State or country ш DA 2 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transould state of 4 ients, or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER mos. .... da. of death ... yrs. (State or country) should Where was disease contracted, TRUE TO THE BESTOOD MY KNOWLEDGE if not at place of death?..... Every item CIANS shot statement usual residence. PLACE OF BURIAL OR REMOVAL ADDRESS If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Mauager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it tired 6 yrs.). business, that fact may be indicated thus: Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persous enployed, as At school or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Womcr," etc., without more precise specification as Day worked on may should be used only when uecded. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupatiou form part of the second statement and children, not gainfully em-

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphilicita (avoid use of "Croup"); Tiphola fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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head of "contributory." (Recommendations ou stateas probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mcastes (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menquences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay "Puerpenal septicacmia." "Puerperal peritonitis," ean be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conuse of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Caucer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee Poisoned by carbolic acid-probably suicide. taken. State cause "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection ueed not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Seuile," etc.), for which surgical operation was under-(sceond-(mercly

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	PLACE OF DEATH	STATE OF MARTLAND
	ounty Wicomics Carnel	CERTIFICATE OF DEATH
		Registration Dist. No. 1999
	MITHE CORPORAD LINES OF.	Jan torshetal 12
Ville	age or City Salletrury (No. 100)	lu lu Trepusa   3 Ward) (If deuth occurred in a hespital or institu-
	$\int \mathcal{A}$	tion, give its NAME in- stead of street and
	2 FULL NAME Clara Maril	My OV. number.
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
		16 DATE OF DEATH
3 8	MARRIED,	Nov. 8th. 15,92
1	WIDOWED Juge	(Month) (Day) (Year)
	(With the World)	17 I HEREBY CERTIFY, That I attended the decensed from
6 D.	ATE OF BIRTH	200 4 1922, to 2000 192 2m
	anu 29 1911	that I last eaw her alive on Zeov ? 192 }
	(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AG	If LESS than	
	I dayhrs.	The CAUSE OF DEATH of was as follower.
	yrs,	Check reports
6-	OUPATION  Trade, profession or	
P	articular kind of work School gul	
(F	o) General nature of industry	
	usiness, or establishment in hich employed or (employer)	(Duration)yre.,moede,
9 BIRTHPLACE		Contributory Secondary
	(State or country) Maryland.	(Duration), yrumoe. / de.
	10 NAME OF	(Signed) Tolog Trible M.D.
	FATHER Marion, S. Tryon	
80	11 BIRTHPLACE	92.2 (Address) Alach as in death from
RENTS	OF FATHER (State or country) Mary Level,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
AR	12 MAIDEN NAME 7	
0	Thornee L. Auston	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or country) Nout Carolina	of death yrs mos da. State,yrs mos da. Where was disease contracted,
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Marion & Gryco	Former or usual residence.
	72 - 1/ 1/ 1/ 2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAN
	(Address) Noute 4 & aliebury Mid	( Mar on I be Salesburg the nov. 10th 22
15	12 6 2 12/2 01	20 UNDERTAKER ADDRESS
F	Filed Nov. 9 1922, & May Junes	ech a de l'en l'a
-	Registrar	Holloway & No. Salesbury My
	/If more blanks are needed address State Registrar	16 W Saratoga St Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, household only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc. without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-The material

Statement of Cause of Death—Name, first, the piscase causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup"). Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homieide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia." "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronehopneumonia stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (secondary or Intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Always qualify all (second-(merely "Con-

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PLACE OF DEATH STATE OF MARYLAND PHYSICIANS DEATH If death occurred in a hospitel or institution, Exa. give its NAME instead of street and number. ] EXACTI RECOR ciassified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF stated MARRIED, Married WIDOWED MARVIED OR DIVORCED (Write the word) PERMANENT (Manth) (Day) be properly cortificate. I attended deceased from ě 0 870 (Year) 96 ō (Day) TAGE may lok of If LESS than ш back 1 day. hrs. C mla.? that OCCUPATION 20 pplied. (a) Trade, prefession, ar SUO particular kind of work 80 (b) General nature of industry ms. instructi besiness, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or sountry) = 10 NAME OF 2 FATHER (bengi2) pino mportant 10 11 BIRTHPLACE ARENT OF FATHER State the DISEASE CAUSING DRATE, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER E OF 13 BIRTHPLACE of infor 6 OF MOTHER 2 (State or country of death CA Where was disease contracted Z 14 THE ABOVE If not at place of death should state OCCUPATIO asual residence Very ú m If more blanks are moded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook business, that fact may be indicated thus: Former (refired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Poroman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) (irocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton employed, as At school or wife. Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective foal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question very important, so that the relative healthful-Women at home, who are engaged in At home. Carc should be But in many cases,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia, "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 de.; Brenrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitied "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" "Tumor" for malignant neoplasms); Measles; Wheeping (name origin; "Cancer" is less definite; avoid use of statement of cause of death approved by Committee Comenclature of the American Medical Association. "Old Age," "Shock," "Uraemia," "Weakness," by railway Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," "Coloms," "Convulsions," "Debility" ("Convulsions," "Debility" ("Convulsions," "Debility") The contributory (secondary or intereurtrain-accident; Revolver "Dropsy," "Exhaustion," State cause for which Never report mere "Atrophy, punom

the certificate is looked over thoroughly and all questions an avered in detail, it will prevent further correspondence with the data is essential and must be obtained before the certificate is permanently filed.

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Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerchrospinal meuingitis"); Diphtheria (avoid use of "Cronp"); Pyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

difficate is permanently filed.

nswered in de.all, it will prevent further correspond-All the data 's essential and must be obtained before

head 101B quences (e. g., sep. is. townes) may be stated under the ture of Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal seplicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscurriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy." "Exhaustion," "Heart symptomatic), conditions, ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronehopneumonia stated unless important. vulsions." use of "Tumor" for malignant neoplasms); Measles; inger, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is Indefinite); Tuberculosis of lungs, men Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; ...... (name origin; "Caneer" is less definite; avoid inclature of the American Medical Association.) of "contributory." (Recommendations on statehis certificate is lo ked over thoroughly and all quesof eause of death approved by Committee on FOR VIOLENT DENTHS STATE MICANS OF INJURY the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile." etc.), such as "Astheuia," "Atrophy," "Collapse," "Coma." Example: Meastes "Anaemia" failure." "Haemor-(second-(merely

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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Wieomise 12398	74-0 Registration Dist. No. 337
Village or City Jesterville (No	St.; Ward)  (If death occurred has hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Turicle National Turicles  Malbriett, Wilder Or Directors  OR DIVORDED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 10 1847	that I last saw h alive on , 192
(Month) (Day) (Year)  7 AGE  If LESS than I dayhrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work.	Cerebral Hemorrheags
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 30 Mg
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)yrsmosde
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME	(Signed)  M.D.  192. 2 (Address)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place In the of death yrs nos. da. State, yrs nos. de.  Where was disease contracted,
IN THE ABOVE IS TRUE TO THE KEST OF MY KNOWLEDGE	if not at place of death?
(Address) festerville	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nor (8 1927 1 Throlford Walter Rogistrur	Marta Selecit Birone M
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting & S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., state occupation at beginning of Illness. If retired from household only (not paid Housekeeper's who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Mauager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Groecry; additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the piscase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-uccident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF can be ascertained as the cause. Always qualify all Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puenpenal septicaemia," "Puenpenal peritonitie," etc. diseases resulting from childbirth or misearriage as "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; .. (mame origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles "Anaemia" The na-Mcusles; (disease (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. Ill the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH	STATE OF MARYLAND
C	County winning 12399	CERTIFICATE OF DEATH
	land the	Registration Dist. No.
Vil	lage or City ) A Salishing (No. 15,	St; Ward) (If death occurred in a hospital or institu-
1	2 FULL NAME (Stall Horns)	House tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 :	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Surgle WIDOWED OR DIVORCED (Write the word)	Mouth (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from
6 1)	ATE OF BIRTH	192 , to , 192
	(Month) (Day) (Year)	that I last saw halive on, 192,
7 A		and that death occurred on the date stated above, at
	yrsd. dayhrs.	The CAUSE OF DEATH & was as follows:
( P ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	CCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in	(Duration) yrs. mos. de.
-	rhich employed or (employer)	Contributory
	10 NAME OF FATHER ) Land Man Q	(Signed) (Duration)yrs. mos. de. M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
PARE	12 MAIDEN NAME OF MOTHER BASIS A STATE OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	lents, or Recent Residents)  At place In the of death yrs
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informani) Thinkon Ramedo	Former or usual residence.
15	(Address) R. 71 D. Rulesky ma	Home Hann Nov. 2/ 1922
	Filed Nov. 20 192 2. b. may Tune	Theodore Rounds Salisbury 1
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public '.
Health Association.)

ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Planter Whatever, write None. tired 6 yirs.). For persous who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death Housemaid, etc. If the occupation has been chauged gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; cases, especially in industrial employments, it is neces-Civil engineer, Stationary Aremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ary), 10 ds. Never report mere symptoms or terminal head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the dlseases resulting from childbirth or miscarriage as rhage," "Inauition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uracmia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; Example: Measles (disease (second-

If this certificate is looked over thoroughly and all questions ensurered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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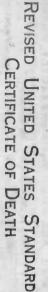
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STATE BOARD OF HEALTH
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R.H.RILEY, M.D.

PLACE OF DEATH 12410 County Miconia Pars	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No. 333
Village City Salislany (No. 1) 2 FULL NAME Sarah & Dutt	St.; St. Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jerna Luarea (Write the word)	16 DATE OF DEATH  NOV 24, 1522  (Month) (Day) (Year)  17 1 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	24 1922, 10 UNT 24, 1922
(Month) (Day) (Year)	and that death occurred on the date stated above, at A
8 OCCUPATION de. or min. ?	The CAUSE OF DEATH it was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Mc(	Contributory Secondary  (Duration)
10 NAME OF Clarance South	(Signed) Charles & Brown M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in death, from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
2 12 MAIDEN NAME OF MOTHER Agrics andows	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Bospitals, Institutions, Transferts, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Clarence dull	Former or usual residence
(Address) Salislang MIRh#3  Filed Nov. 26 1922 D- May Junes Registrar	Bushops Chapel Mov 26, 1929 20 UNDERTAKER ADDRESS
	16 W. Saratoga St., Valto., Requesting V. S. No. 1



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealwhatever, write None. or given up on account of the disease causing Death, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not galnfully emwithout more precise specification as Day

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia").

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent peaties state means of injury "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion." "Heart failure." "Haemorcausing stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na-"Uraemia," "Weakness," etc., when a definite disease vulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcastes; inger, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need Whooping cough; ..... (name origin; "Cancer" is less definite; avoid "contributory." (Recommendations on statedeath), 29 ds.; Bronehopneumonia "Debllity" ("Congenital," "Senile," etc.), Never report mere symptoms or Chronic valvular heart Example: Measles "Coma," disease; terminal (second-(disease (merely not be "Con-23

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE	OF DEATH	12	401		STATE OF CERTIFICATI	
Co	ounty	Wicone			129		n Dist. No. 33
Villa	age or City	L NAME	r. 90	ت دوچ	ser se	SE; Ward	(If death occurs a hospital or in tion, give its NAM stend of street number.)
-	PERSON	NAL AND STATISTI	CAL PARTIC	ULARS	ME	DICAL CERTIFICATI	OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)			(Month) (Day)				
6 D.	ATE OF BI	KTH  Month	ocen. ) (Day)	, 1.884 (Year)	that I last saw her alive on nov. 9		
7 AG		3.8 yrs.		If LESS than I dayhrs.		DEATH A was as follows	
(a pa (b bu w	usiness, or o	ofession or d of work ature of industry establishment in red or (employer)		je	Contributory Secondary	(Duration)	
PARENTS	10 NAME FATHE  11 BIRTH OF FAT (State 12 MAIDE OF MO)	PLACE THER OF COUNTRY)  N NAME	Reset.	ar_	(Signed)	Hunte R 192.2 (Address)S.c. e Disease Causing Dea es, state (1) Means of I nicidal or Homicidal. RESIDENCE (For Ho	Calmunay.  th, or, in deaths tr njury; and (2) whet
14 T	13 BIRTH OF MO' (State THE ABOVE	E IS TRIE TO THE B	Sleffen	NOWLEDGE	Where was disease if not at place of dea Former or usual residence.	mos da. S	tate,yrs mos.
15 F	(Addr	(ess) Mans	WHPoy	ration Registrar	Parsons 20 UNDERTAKI	Constany 40	mon, 18 9

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm luborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manuger," "Deal-Whatever, write Nonc. tired & yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemeid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school or At home. Care should be taken definite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary foremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or 4t Home, and children, not gainfully em-The material

ed term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia.") Statement of Cause of Death-Name, first, the pr

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quences (e. g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerpenal scylicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weeknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhausticn." "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," conditions. ary), 10 ds. Never report mere symptoms or terminal stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) Examples: Accidental drowning; Struck by railway taken. For violent deaths state means of injury vulsious," causing death), 29 de.; Bronchopneumonia Chronic interstitial nophritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mon-(secondary or intercurrent) affection need not be Whooping .. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," "Anaemia" cough; Chronic valvular heart discase; (Recommendations on state-Example: Measles Always qualify all "Coma," "Con-(secoud-(merely (disease

if this certificate is lo ked over thoroughly and all quostion reversed in detail, it will prevent further correspondence. It the data is essential and must be obtained before the reprincate is permanently filed.

--- Every item of information should be carefully supplied AGE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORE IS A PERMANEN BINDING FOR WITH UNFADING INK---THIS RESERVED MARGIN AINLY, WRITE

S. No. 1.

N.

	PLACE OF DEATH	STATE OF MARYLAND
-	County Theironico	CERTIFICATE OF DEATH
C	ounty	Registration Dist. No. 333
	PH 1	Marsilel 15
Vill	age or City Salishury (No. 1.5.)	St; Ward) (If death occurred in a hospital or institu-
	2 FULL NAME Hilliam Virtue	tion, give its NAME in-
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MILONIES	16 DATE OF DEATH NOW. 28
1	Male Thile WIDOWED (Write the word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH	Cana 26 - 6 5 28
	Oct. 30 869	that I last saw have alive on 192 28 192 24
	(Month) (Day) (Year)	0
7 A	If LESS than	and that death occurred on the date stated above, at
	63 1 48   dayhrs.	The CAUSE OF DEATH & was as follows:
8.0	CCUPATION	
(	a) Trade, profession or Ophuan articular kind of work	
	b) General nature of industry	
	usiness, or establishment in rhich employed or (employer)	
-	IRTHPLACE	Contributory
	(State or country) Serracelocalis	(Duration)vrsmosda
	10 NAME OF FATHER	1 - B. ma
	Janes Sail	0.2 0: 0
ENTS	11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
REP	(State or country) William	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Jane Virle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	18 BIRTHPLACE OF MOTHER (State or country) Legansie	At place of death yrs. nios. 2 da. In the State, yrs. mos. da.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Itha a. sail	Former or usual residence. Si la desphia Pa.
	842 Bukenn	19 PLACE OF BURIAL OR REMOVAL   PATE OF BURIAL
1.0	(Address) Mullally high	Philadelphia Pa. 1/1/1/22
15	Filed Nov. 29, 1922. J- May humer	20 UNDERTAKER ADDRESS
r	Registrar	The Hill Whasan Co. Salishuman &
-	If more blanks are needed address State Registrary	16 W Savatage St. Polto Pagueting V S No 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House-Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laboreren at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal . worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer. Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, trrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the occupation has been changed -Cogi mine, etc. Wom-The material The ques-

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croiny"); Typhoid fever (never report "Typhoid pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "eontributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quenees (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; and qualify as Accidental, Sticidal, or Homicidal, or Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all rhage." "Inauition" "Marasmus," "Old Age," "Shock," State cause for which surgical operation was under-"Uraemia," "Weaknes:" etc., when a definite disease "Dropsy." "Exhausticn," "Heart failure." "Haemorsymptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. Example: Measles use of "Tumor" for mallguant neoplasms); vulsions." eausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; ..... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DUATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or intercurrent) affection need not be (Recommendations on state-The contributory "Coma," "Con-Measles; terminal (second-(disease (merely

If this pertificate is looked over thoroughly and all questions unswered in detail, it will prevent further correspondence the certificate is essential and must be obtained before the certificate is permanently filed

c 2 1855

PLACE OF DEATH  County From 12403 Car	STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN COMPONATE LIMITS OS	Registration Dist. No.
Village or City Salesburg (No. Sew. Sew. 2 FULL NAME John Stater	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Markied, Wildowed Ok Divorced (Write the word)	(Month) (Day) , 192. (Month) (Day) (Year)
6 DATE OF BIRTH	
, 89 K	that I last saw h alive on 7100 27 , 192 3
7 AGEASTO UK (Month) (Day) (Year)	and that death occurred on the date stated above, at 7:30.3.m
1 dayhrs,	The CAUSE OF DEATH & was as follows:
yrs	Nevolver wound of week homiced
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State openutry)	Contributory Secondary  (Duration)yrsmosda
10 NAME OF John Miles	(Signed) Nameer R. Maur. M.D.
11 BIRTHELACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suieldal or Homieldal.
of MOTHER Easther Waters	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Punchalima	At place of death yrs. mos. 2 da, State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) William Jones	Former or usual residence Puncess Une and.
(Address) Princess and My	Wesley Centery Nav. 29., 1922 20 UNDERTAKER ADDRESS
Filed 192 - May James Registrar	William Jones Programment
If more blanks are needed, address State Registrar.	16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, definite salary), may be entered as Housewije, House er," etc., without more precise specification as Day tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter tion applies to each and every person, irrespective of fulness of various purguits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -- Precise statement of oc For many occupations a single word or term on -Coal mine, etc. Wom-The material But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic eersbrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," conditions. ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Poisoned by carbolic acid-probably suicide. taken. For VIOLENT DEATHS state MICANS OF INJURY vulsions," "Debility" ("Congenital," "Senile," etc.). (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitiul nephritis, etc. The contributory Whooping cough; Chronic valeular heart discase; ... (name origin; "Cancer" is less definite; avoid such as "Asthenia." for which surgical operation was under-(Recommendations on state-"Anaemia" "Соща," "Haemorterminal (second-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

v:

Z.

PLACE OF DEATH	STATE OF MARYLAND
County Wicomics 1241 4 Can	iden Sist DEATH
WITHIN CORPORATE LIMITS OF	Registration Dist. No.
Village or City Dalestung (No. 199. 1)	reputal St.; / 3 Ward) (If death occurred in a hospital or institu-
Still form Baky Walson	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 21-like 5 SINGLE, MARRIED, Lingle WIDOWCED (Write the word)	(Month) (Day) , 16.2. 2. (Month) (Day) (Vent)
6 DATE OF BIRTH	Stiefge hours. 102
Mad 30 ,972	that I last saw halive on, 192
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE / If LESS than	
Statt hun I dayhrs.	The CAUSE OF DEATH & was as follows:
yrsds. or min. ?	
8 OCCUPATION (a) Trade, profession or	
particular kind of work	
business, or establishment in	(Duration)yrsmos.,ds
9 BIRTHPLACE	Contributory Secondary
(State or country) Marilla	(Duration)yrsmos di
10 NAME OF 2 C/ W	(Signed) there R. Mann M.D
FATHER J.C. HALLON	
11 BIRTHPLACY has 0 0	192 Z (Address) Jaluthary WA
OF FATHER (State or country) Manyland  12 MAIDEN NAME (1)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Vila V. Sewell.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- leots, or Recoot Residents)
13 BIRTHPLACE OF MOTHER (State or country)  Manyland	At place of death yrs. mos. da, State, yrs. mos. de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) J. C. Halera	Former or usual residence Mandeller
(Address) Mardella Frings, Md.	Markella Fourys Mf. 17/1/22, 19
15 Leal 2 1- may have	20 UNDERTAKER ADDRESS
Filed Sec. 192 School Registrar	The Hilla Throw G. Salishuy, ma
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. L.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer." "Torcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. The material tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Statement of Occupation-Precise statement of oc For many occupations a single word or term on -Caul mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"): Diphthecia (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. eausing death), 29 ds.; Bronchopneumonia use of "Tunuor" for malignant neoplasms); Mcusles; ingre, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, monquences (e. g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," stated unless important. Chronic interstitial nephritis, etc. The contributory ...... (mame origin; "Caucer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ture of the injury, as fracture of skull, and cousetrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under "Puerferal seplicaenia." Puerferal perionitis," "Dropsy," "Exhaustion." "Heart failure." vulsions." (secondary or intercurrent) affection need not be Whospiny cough; Chronic valvular heart disease; Poisoned by carbolic acid-"contributory." "Debility" ("Cougenital," "Seuile," etc.), Never report mere symptoms or terminal (Recommendations on state-Example: Mcustes (disease -probably suicide. "Haemor-(merely (secoud-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

.-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR BIN RESERVED V. S. No. L.

N. B

PLACE OF DEATH	STATE OF MARYLAND		
County Willoucies 19/115	CERTIFICATE OF DEATH		
SP 11	Registration Dist. No. 335		
Village or City huntowns (No. , C	St; Ward)  St; Ward)  I fleath occurred in a hospital or institution, give its NAME instead of streef and number.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL PERTIFICATE OF DEATH		
Make 4 color or race 5 single, Married, Wiooweo or	16 DATE OF DEATH 13 , 1972 (Month) (Day) (Year)		
6 DATE OF BIRTH 100 14 1900	I HEREBY CERTIFY, That I attended deceased from		
TAGE  (Month) (Day) (Year)  If LESS than 1 day, hrs.  OR min.?	and that death occurred on the date stated above, at		
6 OCCUPATION (a) Trade, profession, or Particular kind of work	Daught in telt.		
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Galeslowers	contributory Dialocated Testehn-Cinc		
10 NAME OF FATHER Daniel St. Meather  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME 201	(Signed) State the DISEASE CAUSING DEATH, of in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicinal or Homicipal.		
of MOTHER Mystle Doubles  13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death		
(Informant) Daniel H. Mently	Where was disease contracted, if not at place of death?		
(Address) Shearp town, Mills 115 Filed // 6 19132 Hb fram REGISTRAR	Days town, Days of Burial Of Removal.  Sharp town, ADDRESS  No Fravenor Ho Sharp town.		
If more blanks are needed, address State Registrar,	18 W. Saratoga St., Balto., Requesting V. S. No. 1.		

lapproved by U.S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be taken to report specifically the occupations of persons business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill, (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the mobile jactory. especially in industrial employments, it is necessary to engineer. Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question is very important, so that the relative healthful-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, media-Typhoid fever (never report "Typhoid pneumonia").
Lohar pneumonia Bronchopneumonia ("Pneumonia," spinal meningitis"); Diphtheria (avoid use of "Cround; term for the same disease. Examples: fever (the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASB and causation), using always the same accepted Cerebrospinal OFC BISS. The state of the s

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," to determine definitely. Examples: Accidental drowning: "PUERPERAL perilonitis," etc. birth or miscarriage as "Puenrenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping The nature of the injury, as fracture of skull The contributory (secondary or intercur-State cause for which Never report mere to punoa

If this certificate is looked over thoroughly and all questions unswered in detail, it will prevent further correspondence. At the data is essential and must be obtained before the crudotte is permanently filed.

-Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING ... WITH UNFADING INK---THIS LAINLY, WRITE N. B.

FOR

ARGIN RESERVED

No. 1.

vi.

PLACE OF DEATH	STATE OF MARTLAND
County / 12466	CERTIFICATE OF DEATH
County	75-0 Registration Dist. No. 336
Village or City \ Klown & (No	St.; Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME amilia Enna	"Mule number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE; MARRIED MANNILL WHOWED OR DIVORCHD (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), 143 (Year)	that I last saw has alive on New 9 ,192%
7 AGE  If LESS than J dayhrs.  ds. or min. ?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work.	Paralysia
b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos de.
9 BIRTHPLACE (State or country)  10 NAME OF	Secondary (Dutation)
of It RIPTHEY AVE	(Signed)
OF FATHER (State or country)  MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Isabell Smith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Planar	At place of death yrsmosda. In the State,yrsmosda.  Where was disease contracted,
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Delmar Del	19 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL  10 PLACE OF BURIAL OR REMOVAL 1 22 1924
Filed nounly 20192 2 21 9 During Registrar	20 UNDERTAKER & Mary Address
more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CTATE OF MADVIAND

(Approved by U. S. (Tensus and American Public Health Association.)

state occupation at beginning of illness. business, that fact may be indicated thus: Furmer (reor given up on account of the DISEASE CAUSING DEATH, Whatever, write None. tired 6 yrs.). gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations ployed, as At school or At home. Care should be taken Housemaid, etc. definite salary), may be entered as Housewife, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Never return "Laborer," "Toreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) sary to know (a) the kind of work and also (b) the cases, especially in inclustrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary faremen, etc. But in many Physician, Compositor, Architect. Locomoline engineer tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or At Home, aud For persons who have no occupation If the occupation has been changed Automobile factory. children, not gainfully em--Coal mine, etc. Wom. As examples: (a) If retired from of persons en-The material Grocery;

Ease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the Nomeuclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acidtrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Puerperal septicaemia," "Puerperal peritonitis," rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion." "Heart failure," "Haemor vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumer" for malignant ucoplasms); Meysles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; "Debility" ("Congenital," "Senile," etc.). Never report mere symptoms or terminal Chronic valvulur hearts discuse; (Recommendations on state--probably suicide. The ua-Example: Meastes (disease "Anaemia" (second-(merely not be "Con-

It his certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondince. All the outside essential and must be obtained before the certificate of permanently filed.

	PLACE OF DEATH	STATE OF MARYLAND
	ounty Theonics 12467	CERTIFICATE OF DEATH
	ouncy harman	repediate Registration Dist. No. 1903
Ville	age or City Mad Pour (No.	St; Ward) (If death occurred in
	2 FULL NAME Helen Stillian	a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8		16 DATE OF DEATH
4	Cenale Thile MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day), 1622  [Month] (Day) , 1622  [Year] I HEREBY CERTIFY. That I attended the deceased from
6 D	ATE OF BIRTH	3
	Xel 1. 18	100 192 7, to May 1, 192
	(Month) (Day) (Year)	that I last saw h W. alive on
7 AG	If LESS then	and that death occurred on the date stated above, at
	4 9 18 I dayhrs.	The CAUSE OF DEATH & was as follows:
5.00	CCUPATIONds. or min. ?	
V(a	articular kind of work	1 amus - mumma
5 5	b) General nature of industry	)
business, or establishment in which employed or (employer)		(Duption) yrsmosds.
	RTHPLACE	Secondary Secondary
	(State or country) Mulleland	(Duration) vrs. mos. da.
	10 NAME OF Chillian C. Hillians	(Signed) M. D.
TS	11 BIRTHPLACE OF FATHER	1.20. 192. 2. (Address) Mulland Mrs.
ARENTS	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAF	12 MAIDEN NAME JUSA CAUSY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)  Manyler	At place In the of death yrs, mos. da, State, yrs, mos. da,
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Ired 9. Hilliams	Former Or usual residence
	(Address) Shall Paint Md.	19 PLACE OF BURIAL OR REMOVAL STATE OF BURIAL
15	(Audress)	That Point, nd 1/40/22, 19.
F	iled Nov. 20 1922. & May Junes	20 UNDERTAKER ADDRESS
	Registrar	The Hell Manson Co. Salesbury, nd.
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Screant, Cook definite salary), may be entered as Housewife, Housewhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deallabores, Farm labores. Laboresworked on may form part of the (a) Foreman, (b) Automobile factory. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor: Architect, Locomolice engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Civil engineer, Stationary firemen, etc. fillness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of oc For many occupations a single word or term on yrs.). without more precise specification as Day (a) the kind of work and also (b) the For persons who have no occupation -Coal minc, etc. Wom-As examples: (a) But The material in many en-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningtis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia, ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident; Revolver around of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause diseases resulting from childbirth or miscarriage as can be ascertained "Uraemia," "Weaknes:" etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," Poisoned by carbolic acia-probably suicide. "Puerperal seplicaemia." Puerperal peritonitis," "Dropsy." "Exhausticn," "Heart failnre," "Haemorvulsions." symptomatic), "Atrophy." "Collapse," "Coma," "Conconditions. ary), 10 ds. causing deeth), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitied nephritis, etc. use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; Chronic valvular heart discase; ..... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MIGANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), such as or intercurrent) affection need not be for which surgical operation was under-Never report mere symptoms or terminal for malignant neoplasms); as the cause. "Asthenia." (Recommendations on state-Example: Measics "Anaemia" Struck by railway Always qualify all The contributory Measles; (second-(disease (merely etc.

If this certificate is tooked over thoroughly and all questions answered in detail, it will prevent further correspondence and the data is essential and must be obtained before the certificate is permanently filed

